My paper will consist of Williams' classification, a few salient points on pathology, etiology, symptomatology and treatment; also of some gleaning from two papers by John E. Talbot of Worcester, Mass., concerning especially the aetiology and prophylaxis, and finally of a few cases from the records of the Florence Infirmary, reporting in detail one case which is still in the infirmary.

Certain French observers hold that such slight affections as mild headache, salivation, certain skin eruptions on the one hand and such serious disease as eclampsia on the other represent respectively the early and the advanced stages of one and the same process which they designate as hepatotoxemia. Vomiting, albuminuria, yellow atrophy of the liver and eclampsia may all be manifestations of disturbed metabolism—but these are pathologic and etiologic groupings. What we are most interested in is a clinical classification which Williams gives as follows: Six types of the toxemias of pregnancy: 1: Pernicious vomiting, 2: Acute yellow atrophy, 3: Nephritic toxemia, 4: Pre-eclamptic toxemia, 5: Eclampsia, 6: Presumable toxemias.

Pernicious vomiting of pregnancy is but an exaggeration and prolongation of "morning sickness." There is generally a combination of at least two of the three factors,—neurotic, reflex, and toxemic. The woman who makes her own diagnosis of a first pregnancy before her catamenia is overdue—if she has more than the average amount of "morning sickness" is very apt to have all of that excess due to causes justly classed as neurotic.

The hygienic treatment is social as well as personal. If she is and expects to continue to be happily married she must have her time occupied so as not to become too introspective. Mental and spiritual compatibility with her husband are as essential as physical compatibility. Many of the women seen in a clinic like this have no demonstrable psyche and we wonder how they can appear to suffer from the identical nervous malady as that which afflicts our typical high-strung, precocious, over-educated, physically frail young Southern woman. There is somebody in the medical profession who can get under the skin of the latter type and set her permanently on the right track. That somebody may as well be here as in Baltimore. Has the psychically deficient woman of our cotton farms imagination to be appealed to? Is there someone who can get under her skin? I fear not. But enough of this psychotherapeutic theorizing.

The woman who has an exaggeration of "morning sickness," must have endurable routine, enjoyable diversion, and compatible family relations. Her routine or work ought not to be too strange or to familiar,